MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02333

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 134 William Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 134 William Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ada Cecilia Barnett

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug - 5 - 1911
8. AGE: Years 28, Months 8, Days —, If less than one day hrs. min.
9. Birthplace Williamsport Md (Town, county, and state)
10. Usual occupation House Work
11. Industry or business At Home
FATHER 12. Name Benjiman Barnett
13. Birthplace White Post Va
MOTHER 14. Maiden name Ada Blake
15. Birthplace Williamsport Md
16. Informant Ada Barnett
Address 134 William Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb - 8 - 40 (month) (day) (year)
Cemetery or crematory River View Cemetery
Location Williamsport Md
18. Funeral director J. M. Caldwell
Address 160 N Jonathan St Hagerstown Md
19. Feb. 6 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5th 1940, at 5:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Feb. 5 1940, and that I last saw her alive on Feb. 4th 1940.

Immediate cause of death: Chronic nephritis, Hypertension, Uremia — DURATION: 1 mo
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Philip J. Anselmon M. D. or other
Address Hagerstown Md Date signed 2/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02334

Reg. Dist. No. 303

1. PLACE OF DEATH:
County Washington
City or town Clear Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Clear Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hortense Harriet Beane

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1923

8. AGE:

Years	Months	Days	If less than one day
17	1	14	hrs. min.

9. Birthplace Lancaster County, Va.
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name F. Beane
13. Birthplace Lancaster Co. Va.

MOTHER
14. Maiden name Cordelia Collins
15. Birthplace North Hampton Co. Va.

18. Informant Cordelia Beane
Address Clear Spring, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 22 1940 (month) (day) (year)

Cemetery or crematory Colored
Location Clear Spring Md.

18. Funeral director Snyder-Rowland
Address Clear Spring Md.

19. Feb 22 1940 (Date rec'd by registrar) J. W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21, 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15, 1940, to Feb. 21, 1940 and that I last saw h[illegible] alive on Feb. 20, 1940.

Immediate cause of death	DURATION
Scarlet Fever.	6 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David R. Brewer M. D. or other
Address Clear Spring Md. Date signed 2/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02335

1. PLACE OF DEATH

County Washington Co. Registration Dist. No. 302

Village or City Hagerstown, Md. No. Washington Co. Hospital St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Stillborn child of Mr. Scott Bishop.

(a) Residence: No. ____ St., ____ Ward. Hancock

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Feb. 14, 1940.

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Hagerstown, Md. (State or country) Washington Co.

FATHER

13. NAME Scott Bishop

14. BIRTHPLACE (city or town) Hancock, Md. (State or country)

MOTHER

15. MAIDEN NAME Frances Ellen Bishop

16. BIRTHPLACE (city or town) Ashly, Neb. (State or country)

17. INFORMANT Mrs. Scott Bishop (Address) Hancock, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Feb. 14, 1940

19. UNDERTAKER Wash. Co. Hospital (Address)

20. FILED Feb. 20, 1940 Chas H Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1940, to Feb. 14, 1940

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn - 4 months gestation	

Other Contributary Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) E. T. Campbell M. D.

(Address) Hagerstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02336

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 332 North Jonathan

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 332 North Jonathan

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lois Boise

3. (b) Social Security Number None

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 - 1894

8. AGE: Years 45 Months 8 Days 11 If less than one day hrs. min.

9. Birthplace Bark Hill Frederick County Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business Cook

FATHER 12. Name George Boise

13. Birthplace Md

MOTHER 14. Maiden name Mark Bowell

15. Birthplace Md.

16. Informant Samuel Robinson

Address 332 N Jonathan St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 26-1940 (month) (day) (year)

Cemetery or crematory Rosehill Cemetery

Location Hagerstown Md

18. Funeral director John M. Caldwell

Address Hagerstown Md

19. Feb. 25 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23. 1940, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 20 1940, to Feb. 23. 1940, and that I last saw h[illegible] alive on February 22. 1940.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions Hypertension & Chr. myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

DURATION 2/20/40 One year

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Bell M. D. or other

Address Hagerstown Md. Date signed 2/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02337

Reg. Diat. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 328 N. Jonathan Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 328 N. Jonathan St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret Barnes Bouyer

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: John W. Bouyer

6(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): April 30, 1914

8. AGE: Years	Months	Days	If less than one day
25	9	13	hrs. min.

9. Birthplace: Hagerstown-Washington-Maryland (Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business

FATHER — 12. Name: James Albert Barnes

FATHER — 13. Birthplace: Mercersburg, Pa.

MOTHER — 14. Maiden name: Elizabeth Clark

MOTHER — 15. Birthplace: Keedysville, Md.

16. Informant: Mrs. Elizabeth Barnes

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby. 16, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: John M. Caldwell

Address: Hagerstown, Md.

19. Feb 16. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby. 12, 1940 at 7:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h-- alive on ____ 19__.

Immediate cause of death	DURATION
Pulmonary tuberculosis	1939
Due to	
Due to	
Other conditions -	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: NO

Of autopsy: NO

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. Raford Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D.

Address: Hagerstown, Md. Date signed: 2/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

112338

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 248 No Mulberry St
Stay in hospital or inst. (yrs., or mos., or days) nd.
Stay in this community (yrs., or mos., or days) 54

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 248 N. Mulberry St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mrs. Matilda J. Brashears.

3. (b) Social Security Number no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Thomas.
6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July 12 - 1866

8. AGE: Years	Months	Days	If less than one day
73	8	15	____ hrs. ____ min.

9. Birthplace Sharpsburg, Wash Co Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name James Willson.
13. Birthplace Sharpsburg Md.

MOTHER
14. Maiden name Jane Moore
15. Birthplace Sharpsburg Md.

16. Informant Thomas Brashears.
Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 29 1940 (month) (day) (year)
Cemetery or crematory Mt View Cemetery
Location Sharpsburg Md.

18. Funeral director Andrew H. Coffman
Address Hagerstown, Md.

19. Feb. 29. 1940 (Date rec'd by registrar) Edward H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 27. 1940, at 6.07 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to Feb 27 1940, and that I last saw h alive on Feb 26, 1940

Immediate cause of death	DURATION
Bronchopneumonia	1 day
Due to	
Due to	
Other conditions Acute bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R B Norment M.D.
Address Hagerstown, Md. M. D. another
Date signed Feb 28-40

Dr. Norment

RECEIVED
MAR 6 1950
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02339

940

1. PLACE OF DEATH

County Washington — Registration Dist. No. 302

Village or City Hagerstown, Md. — No. Patterson Hotel St., 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. — How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Brubaker — ~~No Social Security Number~~

(a) Residence: No. Patterson Hotel St., 4 Ward. S.S. 219-05-2255

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	White	Single

5a. If married, widowed, or divorcad
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 7, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bookeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. (Retired)

10. Date deceased last workad at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mercersburg, Pa.

FATHER

13. NAME Wm. Brubaker

14. BIRTHPLACE (city or town) (State or country) Mercersburg, Pa.

MOTHER

15. MAIDEN NAME Nancy Boyd

16. BIRTHPLACE (city or town) (State or country) Clearspring, Md.

17. INFORMANT Agnew Patterson
(Address) Mercersburg, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Mercersburg, Pa. Date 2-16, 1940

19. UNDERTAKER F. M. Lininger
(Address) Mercersburg, Pa.

20. FILED 2-13-, 1940 Chas. H. Beavers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 13, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1940, to Feb. 13, 1940

I last saw h.. alive on Feb. 13, 1940; death is said to have occurred on the data stated above, at 1:30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 days
Other **Contributory Causes** of importance: Arteriosclerosis	10 yrs.

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. Howard Cofer, M. D.

(Address) Hagerstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 8 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02340

1. PLACE OF DEATH

County Washington Registration Dist. No. 306

Village or City Smithsburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Katie May Burhman

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Burhman

6. DATE OF BIRTH (month, day, and year): May-1st-1861

7. AGE: Years 78 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): two yrs.

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Wolfsville Maryland

FATHER

13. NAME: Ephrem Frey

14. BIRTHPLACE (city or town) (State or country): Wolfsville Maryland

MOTHER

15. MAIDEN NAME: Mary C. Hatherley

16. BIRTHPLACE (city or town) (State or country): Thurmont Maryland

17. INFORMANT (Address): Emory Frey Wolfsville Md

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Moriah-Foxville Date May-1st, 1940

19. UNDERTAKER (Address): Emory Frey Wolfsville Md.

20. FILED Feb 29, 1940 Geo W. Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1940, to Feb 28, 1940

I last saw her alive on Feb 28, 1940; death is said to have occurred on the date stated above, at 1 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 10

Other Contributory Causes of Importance:

Arteriosclerosis	[illegible]

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓

(Signed) B. C. Kohler M. D.

(Address) Smithsburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

02341

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
140 So Mulberry St.
Stay in hospital or inst. (yrs., or mos., or days) none -
Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 140 So Mulberry St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no -

3. (a) FULL NAME Mrs Laura B. Campbell.

3. (b) Social Security Number no -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow -

6 (b) Name of husband or wife Samuel -
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 26 1859.

8. AGE: Years	Months	Days	If less than one day
80	10	5	____ hrs. ____ min.

9. Birthplace Staunton Augusta Co Va
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business none
FATHER 12. Name William C. Smith
13. Birthplace Staunton Va.
MOTHER 14. Maiden name Margaret L. Peen
15. Birthplace Staunton Va
16. Informant Mr Hugh H. McNabb.
Address Hagerstown. Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Feby 3 1940 (month) (day) (year)
Cemetery or crematory Thornrose Cemetery
Location Staunton Va.
18. Funeral director Andrew K. Eastman
Address Hagerstown. Md.
19. Feb 2 1940 (Date rec'd by registrar) Chas H Beavers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 2 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23 1939 to Feb 2, 1940, and that I last saw h— alive on Feb. 1, 1940.

Immediate cause of death	OURATION
Bronchopneumonia	Dec. 23.
Due to	
Due to	
Other conditions Arteriosclerosis, Vascular hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R B Norment M D
Address Hagerstown, Md M. D. or other
Date signed 2/2/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Norment

RECEIVED
MAR 6 1940
BUREAU V. S.

02342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 675 Forrest Drive

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 675 Forrest Drive
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna May Cline (Nelson)

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1940

8. AGE: Years 0 Months 0 Days 3 If less than one day hrs. min.

9. Birthplace Hagerstown- Wash. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Donald Nelson
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden name Pauline L. Cline
15. Birthplace Hagerstown, Md.

16. Informant Pauline L. Cline

Address 675 Forrest Drive- Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 20, 1940 (month) (day) (year)

Cemetery or crematory Wash. Co. Home Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Feb 20. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 17 - 1940, at 8a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 - 14 - 1940, to 2 - 17 - 1940, and that I last saw h alive on 19

Immediate cause of death Premature Birth (7 months)

Due to undetermined

Due to "

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings

Of operations D

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide none Date of none

Where did injury occur? — — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Victor D. Miller M. D. or other

Address Hagerstown Md. Date signed 2/17-1940

VICTOR D. MILLER, 131 W. WASHINGTON ST. HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02343

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
108 Elizabeth
Stay in hospital or inst. (yrs., or mos., or days) no-
Stay in this community (yrs., or mos., or days) 84 yrs-

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 98 Elizabeth St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no-

3. (a) FULL NAME Harry W. Colbert

3. (b) Social Security Number 220-09-9274

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widow-

6 (b) Name of husband or wife Mayme-

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Dec. 7 - 1883.

8. AGE:

Years	Months	Days	If less than one day
56	1	29.	____ hrs. ____ min.

9. Birthplace Wellsburg Tioga Co Pa.
(Town, county, and state)

10. Usual occupation Operates Truck

11. Industry or business Own Trucks.

FATHER
12. Name George H Colbert
13. Birthplace Hamilton W. Va

MOTHER
14. Maiden name Mary M. Grase
15. Birthplace Hamilton W. Va

16. Informant Thurland Colbert
Address Hagerstown, Md.

17. Burial. Date thereof Feby 9-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rest Haven Cem
Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. Feb. 8 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 6 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Feb. 6 1940, and that I last saw him alive on February 1940.

Immediate cause of death Chronic Myocarditis — DURATION 4 yrs.

Due to ———

Due to ———

Other conditions Emphysema; Acute Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations ———
Of autopsy ———

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ——— Date of ———
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ———
Means of injury ——— Injured at work?

23. SIGNATURE J. H. Beachley M. D. or other
Address Hagerstown, Md. Date signed Feb. 6/40

Dr. Beachley

RECEIVED
MAR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

02344

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County

Stay in hospital or insf. (yrs., or mos., or days): 10 days

Stay in this community (yrs., or mos., or days): 28 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 3 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 115 S. Locust (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ernest Paul Davies

3. (b) Social Security Number: 214-09-1358

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

8 (b) Name of husband or wife: Edna Davies

6(c) If alive, give age: 24 years

7. Birth date of deceased (mo., day, yr.): Mar 2 - 1911

8. AGE: Years 28 | Months 11 | Days 14 | If less than one day ___ hrs. ___ min.

9. Birthplace: Hagerstown, Wash. Co., Md (Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Grocery

FATHER
12. Name: Magnus J. Davies
13. Birthplace: Machymeleth, North Wales

MOTHER
14. Maiden name: Agnes C. Kreitz
15. Birthplace: Hagerstown, Md.

18. Informant: Mrs. Agnes C. Mobley

Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 19 - 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md

19. Feb. 18, 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 16 1940, at 6:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 5 1940, to February 16 1940, and that I last saw him alive on February 15 1940.

Immediate cause of death: Chronic nephritis

Due to

Due to

Other conditions: Vascular hypertension Uremia. (Include pregnancy within 3 months of death)

Major findings:

Of operations: 0

Of autopsy: 0

DURATION: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: P. Bouwent M.D. M. D. or other

Address: Hagerstown, Md Date signed: 2/16/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-01

02345

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

County WASHINGTON

City or town HANCOCK
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: W MAIN

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County WASHINGTON

City or town HANCOCK Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. W MAIN
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME HARRY BOWLES DENEEN.

3. (b) Social Security Number NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, married, widowed, or divorced MARRIED.

6 (b) Name of husband or wife LILLIAN O. DENEEN

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) JAN 11th 1876.

8. AGE: Years 64 Months 1 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace WASH. CO. MD.
(Town, county, and state)

10. Usual occupation LABORER.

11. Industry or business STATE ROAD COM.

FATHER
12. Name WILLIAM CARL DENEEN
13. Birthplace PENNA

MOTHER
14. Maiden name ELLEN YOUNKER.
15. Birthplace DICKEYS MT. PA

16. Informant LILLIAN O DENEEN

Address HANCOCK MD.

17. BURIAL. Date thereof 3-3-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CAMP HILL.

Location PAW PAW W.VA.

18. Funeral director T.P. JENKINS.

Address HANCOCK MD.

19. 3/1 1940 T.P. Jenkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 29 1940, at 10:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-29 1940, to 2-29 1940, and that I last saw him alive on 2-29 1940.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION 2-29-40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Herbert R. Tobias M.D.
M. D. or other

Address Hancock Md Date signed 3-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

02345

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8½ W. Franklin St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 Mo. 1 Da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8½ W. Franklin St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Abel Azzues Esmail

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 11, 1940

8. AGE: Years 0 | Months 1 | Days 1 | If less than one day hrs. min.

9. Birthplace Hagerstown-Washington-Maryland (Town, county, and state)

10. Usual occupation Infant Child

11. Industry or business no occupation

FATHER 12. Name Abel Esmail

13. Birthplace Jerusalem

MOTHER 14. Maiden name Gene Borne

15. Birthplace Hagerstown, Md.

16. Informant Gene Borne

Address 8½ W. Franklin St. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby. 12, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Feb. 12, 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 12, 1940 - 9:45 A.M. M.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9 1940 to Feb. 12 1940

and that I last saw him alive on Feb. 9 1940

Immediate cause of death	DURATION
Broncho Pneumonia	2/12/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Of autopsy NO

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Robert Wells, M.D. M. D. or other

Address Hagerstown, Md. Date signed 2/12/40

RECEIVED
MAR 6 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 363

02347

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Clearspring, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Clearspring, Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Forsythe

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Annie Forsythe

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov. I 1864

8. AGE: Years 75 Months 3 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Washington Co. (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER

12. Name Abraham Firsythe

13. Birthplace Washington Co,

MOTHER

14. Maiden Name Mary Bottles

15. Birthplace not known

16 (a) Informant Mrs. Annie Forsythe

(b) Address Clearsp ing, Md. R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28 1940 (month) (day) (year)

(c) Cemetery or crematory St. Pauls Cemetery

Location Near Clearspring, Md.

18 (a) Funeral director Snyder-Rowland

(b) Address Clearspring, Md.

19 (a) Feb 27 1940 (Date rec'd by registrar) (b) J. W. Murray Local Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 26 1940, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1. 1940, to Feb 26, 1940, and that I last saw him alive on ____ 19__.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 mo.
Due to	
Due to	
Other conditions Arterio Sclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature David R. Brewer M.D. M. D. or other

Address Clear Spring Md. Date signed 2/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

02348

Reg. Dist. No. 402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1223 Virginia Avenue

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 77 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washingtown

City or town: Hagerstown Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1223 Virginia Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Effie C. B. Gantz

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Samuel M. Gantz

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 16, 1862

8. AGE: Years: 77 Months: 8 Days: 22 If less than one day: hrs. min.

9. Birthplace: Washington County, Md.
(Town, county, and atate)

10. Usual occupation: Home work

11. Industry or business:

FATHER
12. Name: Nicholas Fahrney
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Mary R. Gray
15. Birthplace: Washington County, Md.

16. Informant: Mrs. Stover Kreps
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 9, 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Feb. 8. 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby. 7, 1940- 8:00 A. M. at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-39 19 to 2/7/40 19

and that I last saw h alive on 2/6/40 19

Immediate cause of death: Congestive Heart failure

DURATION: 2/1/40

Due to:

Due to:

Other conditions: Chronic Myocarditis 1938
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (Stste)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Earl Gantz MD
M. D. or other

Address: Hagerstown Md. Date signed: 2-7-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119a)

CERTIFICATE OF DEATH

02349

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 210 Alexander St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 210 Alexander St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Donald E. Gelwicks

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife: —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sept 9 - 1939

8. AGE:

Years	Months	Days	If less than one day
	5	14	hrs. min.

9. Birthplace: Hagerstown, Wash Co. Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business:

FATHER
12. Name: Joseph F. Gelwicks
13. Birthplace: Emmittsburg, Md.

MOTHER
14. Maiden name: Ruth Rimmel
15. Birthplace: Hagerstown, Md.

16. Informant: J. F. Gelwicks
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 26-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md

19. Feb. 24 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/23 1940, at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/21 1940, to 2/23 1940, and that I last saw him alive on 2/22 1940.

	DURATION
Immediate cause of death: Acute Gastro-enteritis	4 days
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: F. F. Lushy M. D. or other
Address: 17 W Wash Date signed 2/23/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93rd)

02350

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown -
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 103 Hollywood Road.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington -
City or town Hagerstown - Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 103 Hollywood Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Joseph W. George -

3. (b) Social Security Number no -

4. Sex: Male
5. Color or race: Wh. Ye.
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feby 2 - 1871

8. AGE: Years 69 | Months — | Days 27. | If less than one day ___ hrs. ___ min.

9. Birthplace Greencastle, Franklin Co Pa.
(Town, county, and state)
10. Usual occupation Freight Conductor
11. Industry or business Penna RR.
FATHER
12. Name Frank George
13. Birthplace Greencastle Pa
MOTHER
14. Maiden name Anna Dentler.
15. Birthplace Greencastle Pa
16. Informant Samuel George
Address Williamsport Md.
17. Burial. Date thereof Mar. 3-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md -
19. 3 - 3 - 1940 (Date rec'd by registrar) Chas H Bocoert Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 29. 1940 at 6 40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 1940, to Feb 29 1940, and that I last saw him alive on Feb 29 1940.

Immediate cause of death: Myocardial dilitation — DURATION 2/26/40
Myocarditis Chr — ?
Due to Arteriosclerosis — ?
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H J Porterfield M.D. M. D. or other
Address 136 W Washington St Date signed 3/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Porterfield

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50) Y

02351

CERTIFICATE OF DEATH

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 weeks

Stay in this community (yrs., or mos., or days) 7 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 401 Summit Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josephine Grebey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Vernon W. Grebey

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) June 1, 1905

8. AGE: Years	Months	Days	If less than one day
34	8	8	hrs. min.

9. Birthplace Robertsdale---------- Penn.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name John LeShon
13. Birthplace Unknown--- Penn.

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Vernon W. Grebey
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby. 12, 1940 (month) (day) (year)

Cemetery or crematory Vine Street Cemetery

Location Hazelton, Pa.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Feb. 9. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1940, at 12.5th a M

21. I CERTIFY that death occurred on the date above stated: I last attended deceased from February 11 1939, to February 8. 1940, and that I last saw h alive on February 8 1940

Immediate cause of death		DURATION
	Adeno-Carcinoma of left breast	Jan 1. 1939
Due to		
Due to		
Other conditions	Secondary Carcinoma of liver, pelvic bone & Spine	Nov 1, 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Nowert M D M. D. or other

Address Hagerstown Md Date signed 2/9/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

02352

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington County

City or town Pinesburg Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 month 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Pinesburg Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Williamsport, Md RFD # 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Leslie Guessford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Baby

6 (b) Name of husband or wife Baby

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 1939

8. AGE: Years	Months	Days	If less than one day
	1	23	hrs. min.

9. Birthplace Pinesburg Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Paul Guessford

13. Birthplace Pinesburg Md

MOTHER 14. Maiden name Bertha Grove

15. Birthplace Hagerstown, Md

16. Informant Paul Guessford

Address Pinesburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 16 1940 (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Near Clearspring Md.

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. Feb. 15 1940 (Date rec'd by registrar) Mrs B Lee McElhoy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1940 at 3:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 31 1940 to February 14 1940, and that I last saw him alive on February 14 1940

Immediate cause of death PERTUSSIS — DURATION 15 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Author Robert Coblentz M. D.

Address Clearspring, Md Date signed 2/15/40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-d) K

02353

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (Rural) R D 1
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural- Hagerstown R D 1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lois Jean Gustafson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1929

8. AGE: Years	Months	Days	If less than one day
10	2	2	hrs. min.

9. Birthplace Greencastle, Ohio
(Town, county, and state)

10. Usual occupation School Student

11. Industry or business

FATHER
12. Name George W. Gustafson
13. Birthplace Idaho Spring, Colorado

MOTHER
14. Maiden name Florence A. Smith
15. Birthplace Clemland, Ohio

16. Informant George W. Gustafson
Address Hagerstown, Md. R F D 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby. 15, 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Feb. 15, 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1940, 3:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29, 1940, to Feb 13, 1940, and that I last saw h[illegible] alive on Feb 13, 1940.

Immediate cause of death	DURATION
Sarcoma of Jaw (Left)	4 mos.
Sarcoma of Lung (Secondary)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Kreisley M. D. or other

Address Hagerstown, Md. Date signed 2/14/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

02354

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown —
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
319 So Locust St
Stay in hospital or inst. (yrs., or mos., or days) no.
Stay in this community (yrs., or mos., or days) 184 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown + St Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 319 So Locust St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no —

3. (a) FULL NAME Herman Wise Hall.

3. (b) Social Security Number 214-09-6217

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna.
6(c) If alive, give age 57. years

7. Birth date of deceased (mo., day, yr.) May 30 - 1882.

8. AGE: Years	Months	Days	If less than one day
57	8	6	____ hrs. ____ min.

9. Birthplace Weyers Cave Augusta Co. Va.
(Town, county, and state)
10. Usual occupation Blacksmith
11. Industry or business Employed by Hagerstown
FATHER 12. Name Benj. Hall.
13. Birthplace Weyers Cave Va
MOTHER 14. Maiden name Mary Hudlow.
15. Birthplace Weyers Cave Va.
16. Informant Glenn. V. Hall
Address Hagerstown. Md
17. Burial. Date thereof Feby 8-1940.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cem.
Location Hagerstown Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md
19. Feb. 8, 1940 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 6 1940, at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 14, 1939 to Feb. 6, 1940 and that I last saw him alive on February 6, 1940

Immediate cause of death Chronic Nephritis * Uremia — DURATION About 2 mo.
Due to
Due to
Other conditions Chronic myocarditis — 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. A. Bell M. D. or other
Address Hagerstown Md. Date signed 2/7/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr 13a 11.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (89-6)

02355

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 67 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 333 N. Locust Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Samuel Edward Hammersla

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Hammersla
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): June 20, 1872
8. AGE: Years 67 Months 7 Days 25 If less than one day ___ hrs. ___ min.
9. Birthplace: Washington County Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: Ephriam Hammersla
13. Birthplace: Washington County, Md.
MOTHER
14. Maiden name: Anna M. Rowland
15. Birthplace: Washington County, Md.
16. Informant: Mr. O. G. Busey
Address: Armstrong Ave.-Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby. 16, 1940 (month) (day) (year)
Cemetery or cremetory: Rose Hill Cemetery
Location: Hagerstown, Md.
18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.
19. Feb. 16 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby. 14, 1940- 1:15 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 19__ to 2/14/40 19__, and that I last saw him alive on 2/14/40 19__.

Immediate cause of death	DURATION
Congestive Heart failure	2/1/40
Due to	
Due to	
Other conditions: Mastoiditis	1-20-40

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: S. Earl Henry M.D. M. D. or other
Address: 2/14/40 Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 304

02356

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Washington

(b) City or town Rural Hancock (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Rural Hancock (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Hensley

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-15-40

8. AGE: Years | Months | Days | If less than one day Still born

9. Birthplace Washington Co. Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Carl Elmer Hensley

13. Birthplace Virginia

MOTHER 14. Maiden Name Lucy Bell Norris

15. Birthplace Wash. Co. Md.

16 (a) Informant Carl Elmer Hensley

(b) Address Hancock Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1940 (month) (day) (year)

(c) Cemetery or crematory Catalpa Md

Location R.F.D. Hancock Md

18 (a) Funeral director T.P. Jenkins

(b) Address Hancock Md

19 (a) 2-15-40 (Date rec'd by registrar) (b) T.P. Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death 2-19 1940, at Not known

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death Still born (Cause Unknown)

Due to Last movements felt on 2-14-40 - mother.

Due to bad severe bronchitis Born on arrival.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert R. Tobias M.D. M. D. or other

Address Hancock Md Date signed 2-15-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02357

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
1000 Concord St.
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1000 Concord St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME
Mrs Mary J. Hess.

3. (b) Social Security Number
none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow.

6 (b) Name of husband or wife William H.
6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Oct 12 — 1862

8. AGE: Years	Months	Days	If less than one day
77	3	29.	——hrs. ——min.

9. Birthplace Goodwill Va.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business ———
FATHER 12. Name Jacob Warfield
FATHER 13. Birthplace Goodwill Va.
MOTHER 14. Maiden name Sarah Shoop
MOTHER 15. Birthplace Goodwill Va.
16. Informant Mrs Bettie Markley.
Address Fraema Va.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 13-1940 (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown. Md.
18. Funeral director Andrew E. Coffman
Address Hagerstown. Md.
19. Feb. 13 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 11 1940, at ——M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-5- 1940, to 2-11 1940, and that I last saw h— alive on 2-10- 1940.

Immediate cause of death	DURATION
Diabetes	5 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature]
M. D. or other
Address Hagerstown Md. Date signed 2-14-40

D. P. Ho.

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02358

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 241 S. Prospect
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 62

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 241 S. Prospect
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Maria Kate Hilliard

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: ~ years

7. Birth date of deceased (mo., day, yr.): aug. 7 - 1877

8. AGE:

Years	Months	Days	If less than one day
62	5	1	hrs. min.

9. Birthplace: Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Hearing consultant

11. Industry or business:

FATHER
12. Name: Thomas E. Hilliard
13. Birthplace: Hagerstown Md.

MOTHER
14. Maiden name: Ellenora Gilbert
15. Birthplace: Cavetown Md

16. Informant: Mrs. E. Hilliard
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 10-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md.

18. Funeral director: D. M. Suter & Sons
Address: Hagerstown Md

19. 2-10 19 40 Chas H Boaers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 8 1940, at 9 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feby 8 1940, to Feby 8 1940, and that I last saw h alive on Feby 7, 1940

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Dont Known	
Due to	
Other conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury: Injured at work?

23. SIGNATURE: A D Shaffner M. D. or other
Address: Hagerstown Date signed Feby 9, 40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02359

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 24 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town near Brownsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Brownsville

(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Jennie Holder

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James W. Holder

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 7 - 1860

8. AGE:

Years	Months	Days	If less than one day
79	3	28	____ hrs. ____ min.

9. Birthplace Front Royal Va. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER

12. Name James Cambell

13. Birthplace Front Royal Va.

MOTHER

14. Maiden name Jennie Davis

15. Birthplace Front Royal Va.

16. Informant John W. Holder

Address Brownsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Febry. 7. 1940 (month) (day) (year)

Cemetery or crematory Church of the Brethren Cemetery

Location Brownsville Md.

18. Funeral director Wm. D. Bast & Son

Address Boonsboro Md.

19. Feb. 6. 1940 Chas. H. Rogers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1940 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1940 to Feb 5 1940

and that I last saw h ex alive on Feb 4th 1940

Immediate cause of death Hypostatic Pneumonia

Fracture of left femur (Int. fracture)

DURATION 24 hrs.

Due to 2 days

Due to Fracture of left femur, due to accidental

Due to fall & fell down steps; in her home,

January 12th, 1940.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of January 12, 1940.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in her home.

Means of injury Accidental fall Injured at work?

23. SIGNATURE Philip S. Rothrock M. D. or other

Address Hagerstown Md. Date signed 2/6/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160a)

02360

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washington

City or town Sharpsburg - Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Infant Bobby Lee Holmes

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 - 1940

8. AGE: Years — Months — Days 5 If less than one day hrs. min.

9. Birthplace Hagerstown - County - Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Samuel Holmes
13. Birthplace Chestnut Grove - Md

MOTHER
14. Maiden name Mary Knode
15. Birthplace Sharpsburg - Md

16. Informant Samuel Holmes

Address Sharpsburg - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 10-1940 (month) (day) (year)

Cemetery or crematory Mt. View

Location Sharpsburg - Md

18. Funeral director R. J. Evinshaw

Address Keedysville - Md

19. 2-9-1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1940, at 3.25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5 1940, to Feb 9 1940, and that I last saw him alive on 19

Immediate cause of death	DURATION
Hemorrhage of New Born (CEREBRAL)	?
Due to Prolonged Labor	24 hrs.
Pelvic Deformity	
Due to Sacral Promontory	Life
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Alcope M. D. M. D. or other

Address Boonsboro, Md Date signed 2-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02361

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 136 N. Potomac St

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 80 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 136 N. Potomac St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Agnes Virginia Hoover

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: William M. Hoover

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 17, 1859

8. AGE: Years	Months	Days	If less than one day
80	4	22	hrs. min.

9. Birthplace: Hagerstown, Washington, Md. (Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business

FATHER — 12. Name: James Wesley Finnegan

13. Birthplace: Washington County, Md.

MOTHER — 14. Maiden name: Catherine Krontz

15. Birthplace: Hagerstown, Md.

16. Informant: Mrs. Nora Paulsgrove

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby. 10, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Feb 9, 1940 (Date rec'd by registrar) Edward Hoover Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby. 8, 1940 - 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1934, to 2/8 1940, and that I last saw her alive on 2/8 1940.

Immediate cause of death	DURATION
Carcinoma of Uterus	3 years
Cerebral Hemorrhage	2 days
Due to ? arterio Sclerosis	4 years ?
Due to ?	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: 0

Of autopsy: 0

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of Injury: Injured at work?

23. SIGNATURE: V. Wm. Miller

DR. VICTOR D. MILLER, M. D. or other

Address: 131 W. WASHINGTON, ST. Date signed:

HAGERSTOWN, MD.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

02362

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington County

City or town Huyetts Cross Roads Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hagerstown Md RFD#2

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Md RFD#2 Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Huyetts Cross Roads Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Wesley Hornbaker

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bertha Wolford

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 4, 1875

8. AGE: Years 64 | Months 9 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Taylor Hornbaker
13. Birthplace: Pa.

MOTHER
14. Maiden name: Elizabeth Carbaugh
15. Birthplace: Md.

16. Informant: Mrs. Theodore Mallott
Address: Hagerstown Md RFD#2 Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Feb 19 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Park Head

Location: Near Handcock Md.

18. Funeral director: Edith V Leaf
Address: Williamsport, Md

19. 2-17-1940 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15- 1940, at 9:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3-38 19__, to Feb 15 1940, and that I last saw him alive on Feb 13-40 19__.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4 days

Due to

Due to Arteriosclerosis

Other conditions c̄ Hypotension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. ~~Mother~~

Address Hagerstown Md Date signed 2/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

62363

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Hospital
Stay in hospital or inst. (yrs., or mos., or days) 29. days.
Stay in this community (yrs., or mos., or days) 72 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1218 Pope Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elmer G. House

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Blanche

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.): Aug 6 - 1869

8. AGE:

Years	Months	Days	If less than one day
61	6	11	____ hrs. ____ min.

9. Birthplace: Burkittsville, Fred Co. Md. (Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business: own -

FATHER
12. Name: Samuel House.
13. Birthplace: Burkittsville Md.

MOTHER
14. Maiden name: Emma Metz.
15. Birthplace: Burkittsville Md.

16. Informant: David A. House.
Address: Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 19-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cem.
Location: Hagerstown Md.

18. Funeral director: Andrew K. Coffman
Address: Hagerstown, Md.

19. 2-19- 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 17 1940, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939 to Feb. 17 1940, and that I last saw h[illegible] alive on Feby 17 1940.

	DURATION
Immediate cause of death: Cardio-Vascular Disease	1 yr.
Due to: ? probably cancerous of bladder.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. D. Campbell M. D. or other
Address: Hagerstown Md. Date signed 2/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

W. D. Campbell

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (105)

02364

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 419 McDowell ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Virginia Frances Jacobs

3. (b) Social Security Number none

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) apr. 15 - 1938

8. AGE: Years 1 Months 10 Days 5 If less than one day hrs. min.

9. Birthplace Hagerstown, Wash. Co. md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Woodrow Jacobs

13. Birthplace Hagerstown, Md.

MOTHER 14. Maiden name Virginia Randall

15. Birthplace Hagerstown Md.

16. Informant C. W. Randall

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 23 - 1940 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown, Md

18. Funeral director C. M. Suter & Sons

Address Hagerstown Md.

19. Feb. 22, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20/40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-18-40 19 , to 2-20/40 19 , and that I last saw her alive on 2-20-40 19 .

Immediate cause of death Respiratory Failure (Alveolosis) — DURATION 3 day

Due to

Due to

Other conditions Staph. Infection Larynx (Include pregnancy within 3 months of death) — 3 days

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young MD M. D. or other

Address 2/22/40 Hagerstown Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02365

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (1940)

County Washington — Registration Dist. No. 307

Village or City Sargent — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 72 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Henry Jamison

(a) Residence: No. Sargent St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 27, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	7	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm & Roads

10. Date deceased last worked at this occupation (month and year) about 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Rohrersville Md.

FATHER

13. NAME Samuel Jamison

14. BIRTHPLACE (city or town) (State or country) Mt. Briar Md.

MOTHER

15. MAIDEN NAME Alice E. Crawford

16. BIRTHPLACE (city or town) (State or country) Mt. Briar Md.

17. INFORMANT Mrs. Agnes Jamison (Address) Harpers Ferry, W. Va. R 1.

18. BURIAL, CREMATION, OR REMOVAL — Place Burial Maryland Date March 3, 1940

19. UNDERTAKER J. L. Eachles (Address) Bolivar, West Va.

20. FILED March 2, 1940 Cornelius H. Castle Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 29 (Day) 1940. (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 1939, to Feb 29, 1940.

I last saw h[illegible] alive on Feb 29, 1940; daath is said to have occurred on the data statad abova, at 5:35 P. m.

Tha **PRINCIPAL CAUSE OF DEATH** and related causas of importanca were as follows:

	Date of onset
Marasmus Colitis	1930
Chronic Myocarditis	1935 (?)

Othar **Contributory Causes** of importance:

Grippe	2/25/40

Name of operation None Data of

What tast confirmad diagnosis? — Was thara an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way ralated to occupation of deceasad? No.

If so, specify

(Signed) Walter H. Shearer M. D.

(Address) Shaftsburg, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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APR 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02366

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS 3)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS 3) Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 108 Wayside Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still Born child (Kriz)

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, ~~married, widowed, or divorced~~ —

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 29-1940

8. AGE: Years - Months - Days - If less than one day ___ hrs. ___ min.

9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Adolph J. Kriz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden name Marie Kozak
15. Birthplace Baltimore, Md.

16. Informant A. J. Kriz

Address Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 1-1940 (month) (day) (year)

Cemetery or crematory Oaklawn

Location Baltimore Md.

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Md

19. Mar 1 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/29 1940, at 28 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/29 1940, to 2/29 1940, and that I last saw her stillborn, 2/29 1940

Immediate cause of death Intra uterine asphyxia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Lusby M. D. or other

Address 17 W Wayne Date signed 2/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. F. H. Busby

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

02367

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 313 N. Mulberry
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 61

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 313 N. Mulberry
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie Myrtle Leckrone

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife: John D. Leckrone
6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Oct 22 - 1878

8. AGE:

Years	Months	Days	If less than one day
61	3	13	hrs. min.

9. Birthplace: Hagerstown, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Robert Sanders
13. Birthplace: Hagerstown Md.
MOTHER 14. Maiden name: Annie Betts
15. Birthplace: Fiddleburg Md.
16. Informant: John D. Leckrone
Address: Hagerstown, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 6 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown Md.
19. Feb. 6, 1940 (Date rec'd by registrar) C. Scott Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 29 1940 to Feb. 3 1940 and that I last saw her alive on Feb. 3 1940

Immediate cause of death	DURATION
Coronary occlusion	2/3/40
Due to Cholelithiasis	1936
Due to Ventricular Fibrillation	2/4/40
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Robert Wells M.D.
M. D. or other
Address Hagerstown, Md. Date signed 2/5/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02368

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 300 N. Potomac St.

Stay in hospital or inst. (yrs., or mos., or days) no.

Stay in this community (yrs., or mos., or days) 70 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 300 n. Potomac.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs May Lydia Lehman.

3. (b) Social Security Number no-

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Harry M.-

6(c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Aug 21 - 1869.

8. AGE:

Years	Months	Days	If less than one day
70	5	10	____ hrs. ____ min.

9. Birthplace Leitersburg Washco. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ——

FATHER 12. Name David Nigh.

13. Birthplace Waynesboro Pa

MOTHER 14. Maiden name Mary Jane Beaver.

15. Birthplace Waynesboro Pa.

16. Informant Mrs Robert Miller.

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 4-1940 (month) (day) (year)

Cemetery or crematory Rosa Hill Cem.

Location Hagerstown. Md

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 2-4-1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 2 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1938, to Feb 2 1940, and that I last saw h alive on Feb 2 1940.

	DURATION
Immediate cause of death Bronchopneumonia	1/28/40
Due to Hyperthyroidism	?
Due to Hypertension	?
Due to arteriosclerosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H S Porterfield M.D. M. D. or other

Address 136 W Washington Date signed 2/3/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Porterfield.

RECEIVED
MAR 6 1940
BUREAU V. S.

02369

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 311.

1. PLACE OF DEATH:

County Washington

City or town Downsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Downsville Rural (If outside city or town limits, write RURAL NEAR and give town)

Street No. Williamsport R. D. 1 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida Cora Long.

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joshua Long.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February - 5 - 1855

8. AGE: Years 85 | Months 0 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace: Tilghmanton Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home.

FATHER
12. Name: C. C. Welty.
13. Birthplace: Fairplay Wash. Co. Md.

MOTHER
14. Maiden name: Maria Coffman
15. Birthplace: Tilghmanton Wash. Co. Md.

16. Informant: Earl D. Long

Address: Williamsport Md. R. 1.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 21. 1940 (month) (day) (year)

Cemetery or crematory: Manor Cemetary

Location: Tilghmanton Md.

18. Funeral director: Wm F. Bast & Son

Address: Boonsboro Md.

19. Feby 20. 1940 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1940, at 1-A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Feb. 18 1940, and that I last saw her alive on Feb. 17 1940.

Immediate cause of death: Myocarditis Chronic — DURATION: 6 yrs.

Due to: Arteriosclerosis — (2)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: I. M. Pennerman, M. D. or other

Address: Williamsport Md. Date signed 2/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

02370

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Washington

City or town: Smithsburg Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cobb Water St.

Stay in hospital or inst. (yrs., or mos., or days): none

Stay in this community (yrs., or mos., or days): 22 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wash.

City or town: Smithsburg Md Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: none

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME

Mary Malinda Lowman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Samuel Lowman

6(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): 7-29-1860

8. AGE:

Years	Months	Days	If less than one day
71	6	25	— hrs. — min.

9. Birthplace: Wolfsville Fred Co Md (Town, county, and state)

10. Usual occupation: Home Wife

11. Industry or business: none

FATHER

12. Name: Adam Rline

13. Birthplace: Wolfsville Fred Co Md

MOTHER

14. Maiden name: Adam Frey

15. Birthplace: Wolfsville Fred Co Md

16. Informant: Samuel Lowman

Address: Smithsburg Md

Leitersburg Cemetery (Burial, cremation, or removal. Which?) Date thereof 2-27-1940 (month) (day) (year)

Cemetery or crematory: Leitersburg Cemetery

Location: Leitersburg Md

16. Funeral director: Geo. B. Hoover

Address: Smithsburg Md

19. Feb 26 1940 (Date rec'd by registrar) Geo. W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to Feb 24 1940, and that I last saw her alive on Feb 24 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage — Sclerosis	6 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: G. G. Hobbs M. D. or other

Address: Smithsburg Date signed 2/28/40.

RECEIVED
MAR 8 1940
BUREAU V. S.

02371

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 140 So Mulberry St

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 140 So Mulberry St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Hugh H. McNabb.

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elizabeth

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 5 - 1880

8. AGE: Years 59 Months 2 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Staunton Augusta Co Va (Town, county, and state)

10. Usual occupation Piano Tuner.

11. Industry or business Own Business.

FATHER 12. Name Samuel McNabb.

13. Birthplace Staunton Va.

MOTHER 14. Maiden name Laura Brooke Smith

15. Birthplace Staunton Va.

16. Informant Mrs H. H. McNabb.

Address Hagerstown. Md.

17. Removal. (Burial, cremation, or removal. Which?) Date thereof Feby 5-1940 (month) (day) (year)

Cemetery or crematory Thornrose Cemetery

Location Staunton Va

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 2 - 4 - 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 3 1940, at 8.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 ___, and that I last saw h — alive on ___ 19 ___.

Immediate cause of death	DURATION
arterio sclerosis	1937
~~Due to~~ Coronary Thrombosis	2/3/40
~~Due to~~ Thrombosis of ald. aorta	2/3/40
Other conditions Liver degeneration	2/3/40

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE S. Rufus & Mells Deputy Med. Ex. Wash. Co. Md. M. D. or ~~other~~

Address Hagerstown Md Date signed 2/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

CERTIFICATE OF DEATH

02372

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give towo)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 das.

Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. (WITHIN CORPORATE LIMITS OF) Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 809 Mulberry Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs. Mary E. McNeal.

3. (b) Social Security Number no -

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow -

6 (b) Name of husband or wife: Andrew -

6(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Dec - 19 - 1855 -

8. AGE: Years 84 | Months 11 | Days 4. | If less than one day ___ hrs. ___ min.

9. Birthplace Ellerton Fred. Co Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Gaver.
13. Birthplace Ellerton Md.

MOTHER
14. Maiden name Malinda Cline.
15. Birthplace Ellerton Md.

16. Informant Lewis F Gaver.

Address Myersville Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 25-1940 (month, day, year)

Cemetery or crematory Church Hill Cem

Location Myersville Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md

19. Feb. 25. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 23 1940, at 7.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 1940, to Feb 23 1940, and that I last saw her alive on Feb 23 1940.

Immediate cause of death Bronchopneumonia — DURATION 2/20/40

Due to acute Bronchitis — 2/17/40

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE H. L. Porterfield M. D. (M. D. or other)

Address 136 W Washington Date signed 2/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Do Porterfield

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462) V

02373

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1301 Hamilton Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ena Isola Middlekauff

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Frank R. Middlekauff

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 7, 1875

8. AGE: Years 64 | Months 7 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace Washington County, Maryland
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name George W. Barnes
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden name Lucinda Munson
15. Birthplace Washington County, Md.

16. Informant Frank R. Middlekauff
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 2, 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss,
Address Hagerstown, Md.

19. Mar 2 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 28, 1940- 11:10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10 1940 to Feb. 28 1940, and that I last saw h alive on Feb. 28 1940.

Immediate cause of death Carcinoma of Gall Bladder — DURATION 4 mo.(?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Primary carcinoma of gall bladder

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John N Hombaker
Address 158 W Washington St. Hagerstown, Md. M. D. or other
Date signed 3/28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 7 1940
BUREAU V. S.

02374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 47 Fairground Avenue

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 4 (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 47 Fairground Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William A. Minnebraker

3. (b) Social Security Number: 182-01-0379

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary L. Minnebraker

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): December 25, 1876

8. AGE: Years	Months	Days	If less than one day
63	1	27	hrs. min.

9. Birthplace: Washington County, Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: John H. Minnebraker
13. Birthplace: Washington Co. Md

MOTHER
14. Maiden name: Elizabeth Gordon
15. Birthplace: Franklin Co. Pa

16. Informant: Charles B. Minnebraker

Address: 47 Fairground Ave. Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 23, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Feb. 23, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby. 21, 1940 - 7:30 at A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/19 1939, to 2/20 1940, and that I last saw him alive on 2/19 1940.

Immediate cause of death: Hypertensive Cardio-Vascular Renal Disease with Cerebral Hemorrhage on 12/19/40

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION: 10 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: F F Lusby M. D. or other

Address: 17 N Way Pa Date signed: 2/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02375

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 140 W. Church Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 140 W. Church St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Edward Moats

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	23	hrs. min.

9. Birthplace Hagerstown-Wash. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Willard Moats
13. Birthplace Tilghmanton- Md.

MOTHER
14. Maiden name Pearl Whorton
15. Birthplace Hagerstown, Md.

16. Informant Willard Moats
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 21, 1940. (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Feb. 20, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 19, 1940 6:00 P. at M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 1940 to Feb 19 1940, and that I last saw him alive on Feb 19 1940

Immediate cause of death Pneumonia Lobar

Due to

Due to

Other conditions Improper feeding Diarrhea (Include pregnancy within 3 months of death)

DURATION ? 2 weeks

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm Allan Brown M. D. or other
Address 164 W. Wash. Hagerstown Date signed 2-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 526

02376

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 338 N. Potomac Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward T. Mongan

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Martha Mary Mongan

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1876

8. AGE:

Years	Months	Days	If less than one day
63	4	11	____ hrs. ____ min.

9. Birthplace Washington County, Md. (Town, county, and state)

10. Usual occupation Florist

11. Industry or business

FATHER

12. Name Otha Mongan

13. Birthplace Washington County, Md.

MOTHER

14. Maiden name Mary Ellen Moats

15. Birthplace Washington County, Md.

16. Informant Mrs. Martha M. Mongan

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 8 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Feb. 8, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 5, 1940- 6:05 P. M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3 1940, to Feb 5 1940, and that I last saw h- alive on Feb 5 1940

Immediate cause of death	OURATION
Uraemia	
Due to Urinary retention	
Due to Carcinoma of bladder	
Other conditions Hydronephrosis, hydro ureters	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Ca. of bladder.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter Seymour M. D. or other

Address Hagerstown, Md Date signed 2/6-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

02377

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 4 das.
Stay in this community (yrs., or mos., or days) 84 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 62 W. Antietam St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Martha E. Morin

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife David H.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 22 - 1855

8. AGE:

Years	Months	Days	If less than one day
84	5	29	____ hrs. ____ min.

9. Birthplace Huyetts Wash. Co Md. (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER
12. Name Jacob Summers
13. Birthplace Huyetts. Md.

MOTHER
14. Maiden name Annie Miller
15. Birthplace Huyetts. Md.

16. Informant William Morin
Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 23-1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cem.
Location Hagerstown. Md
18. Funeral director Andrew K. Cotriman
Address Hagerstown. Md.

19. Feb. 23. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 21 1940, at 9:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1940 to Feb 21 1940, and that I last saw h alive on Feb 21 1940

Immediate cause of death	DURATION
Coronary occlusion	2/21/40
arteriosclerosis	?
Due to nephritis chr.	?
acute Bronchitis	2/10/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as alone.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. L. Porterfield M.D. M. D. or other
Address 134 W. Washington St Date signed 2/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(2. Porterfield)

RECEIVED
MAR 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 303

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Big Spring Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Washington
(c) City or town Big Spring Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo Washington Murray

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie B Murray

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 11 1865

8. AGE: Years 75 | Months 4 | Days 4 | If less than one day ____hr. ____min.

9. Birthplace Washington Co. (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Martin Murray
13. Birthplace Washington Co

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Bessie B Murray
(b) Address Big Spring Md Rural

17 (a) Burial Burial, cremation, or removal (b) Date thereof Feb 19 1940 (month) (day) (year)
(c) Cemetery or crematory Shipleytown
Location Hagerstown Md

18 (a) Funeral director Snyder Rowland
(b) Address Clear Spring Md

19 (a) Feb 19 1940 (Date rec'd by registrar) (b) J. W. Mahaney Registrar

MEDICAL CERTIFICATION

20. Date of death February 16 1940, at 3:40 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1939, to Feb 16 1940, and that I last saw him alive on Oct. 2 1939.

Immediate cause of death	Duration
Carcinoma stomach	?
Hypertensive arteriosclerotic	?
Due to cardiovascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence Robert Colvin M. D. or other
Address Clearspring Md Date signed 2/16/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 8 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02379

1. PLACE OF DEATH

County Washington — Registration Dist. No. 302

Village or City Hagerstown, Md. — No. Washington Co. Hospital St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 days. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Musselman Mary E. — If U. S. Veteran, specify WAR ...

(a) Residence: No. R.F.D. 3 Waynesboro Pa. St., Ward. Waynesboro Pa.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Musselman, Albert

6. DATE OF BIRTH (month, day, and year) Sept 19 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Duties

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) St Thomas Pa.

FATHER

13. NAME Hirse Jesse

14. BIRTHPLACE (city or town) (State or country) St Thomas Pa.

MOTHER

15. MAIDEN NAME Ashway Emma

16. BIRTHPLACE (city or town) (State or country) St Thomas Pa.

17. INFORMANT Musselman, Blind (Address) R.F.D. 3 Waynesboro Pa

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Pa. Date Feb 10, 1940

19. UNDERTAKER Trater Jacob (Address) Mercersburg Pa

20. FILED Feb 7, 1940 Chas H. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1940, to 2/6, 1940

I last saw him alive on 2/6, 1940; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenza	1/31 1940
Lobar Pneumonia.	2/1 1940

Other Contributory Causes of Importance:

Diabetes Mellitus.

Name of operation None — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. M. Stuller M. D.

(Address) Hagerstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 8 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

02380

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 753 Guilford Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 753 Guilford Avenue (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Claude G. Myers

3. (b) Social Security Number 214-09-7822

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida M. Myers

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1880

8. AGE: Years	Months	Days	If less than one day
59	5	8	hrs. min.

9. Birthplace Rohrersville- Wash. Maryland (Town, county, and state)

10. Usual occupation Collector

11. Industry or business Herald-Mail Pub. Co.

FATHER 12. Name Jacob Myers

13. Birthplace Washington County, Md.

MOTHER 14. Maiden name Ida Hine

15. Birthplace Washington County, Md.

16. Informant Mrs. Ida M. Myers

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 22, 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Feb 20, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19, 1940 -6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1928 to Feb 19 1940, and that I last saw h alive on Feb 18 1940.

	DURATION
Immediate cause of death Angina Pectoris	1st attack
Due to Diabetes Mellitus + Arteriosclerosis	10 days ago
Due to	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Lusby M.D. (M. D. or other)

Address 170 W Washington St Date signed 2/19/40

CEIVED
MAR 8 1910
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02381

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
28 East Frederick St.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 55 yrs 9 Mo 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 28 E. Frederick St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Lena Elizabeth Newcomer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George Newcomer

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) May 5 1884

8. AGE: Years	Months	Days	If less than one day
55	9	10	____ hrs. ____ min.

9. Birthplace Williamsport Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Scott Robinson

13. Birthplace Huntington County Pa.

MOTHER 14. Maiden name Sarah C Turner

15. Birthplace West Va.

16. Informant George Newcomer
Address 28mE Frederick St Williamsport

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb 18 1940
(month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Williamsport, Md

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. Feb. 18 1940 Mrs Edna McElroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1940, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 3 1940, to Feb. 15 1940

and that I last saw he alive on Feb. 14 1940

Immediate cause of death	DURATION
Coronary Occlusion	38 days
Due to Myocarditis Chronic	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Williamsport Md Date signed 2/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02382

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: W. Franklin St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 69 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 703 Washington ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles P. Nigh

3. (b) Social Security Number: 213-18-8888 → ~~None~~

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widower

B (b) Name of husband or wife: annette Nigh

6(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.): Sept 21 - 1870

8. AGE: Years 69 | Months 4 | Days 24 | If less than one day ___ hrs. ___ min.

8. Birthplace: Leitersburg, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation: R. R. Engineer

11. Industry or business

FATHER

12. Name: John W. Nigh

13. Birthplace: Leitersburg, Md.

MOTHER

14. Maiden name: Mary E. Fridinger

15. Birthplace: Leitersburg, Md.

16. Informant: Mrs. Freaner Logan

Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 17-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. Feb. 17 1940 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 15 1940, at 6:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19___, to ___ 19___, and that I last saw him alive on ___ 19___.

Immediate cause of death	DURATION
Cerebral hemorrhage	2/15/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: no

Of operations

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Robert Mells

DEPUTY MEDICAL EXAM. WASH. CO., MD.

M. D. of

Address: Hagerstown, Md. Date signed: 2/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

02383

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Maugansville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Maugansville Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Earl D. Pike

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 30, 1939

8. AGE: Years 0 Months 2 Days 3 If less than one day hrs. min.

9. Birthplace ~~Bakersville~~ Crimes- Washington, Md.
(Town, county, and state)

10. Usual occupation Infant Child

11. Industry or business

FATHER
12. Name Earl Pike
13. Birthplace Maugansville, Md.

MOTHER
14. Maiden name Anna Biser
15. Birthplace Washington County, Md.

16. Informant Earl Pike
Address Maugansville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 4, 1940 (month) (day) (year)

Cemetery or crematory Broadfording Cemetery

Location Rural- Hagerstown, Md. R F D

18. Funeral director Snyder-Rowland Funeral Home

Address Clearspring, Md.

19. Feb. 3, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1940, at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death

Asphyxia (suffocation)

Due to in bed clothes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations NO

Of autopsy None

DURATION

2/2/40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Feb. 2 '40

Where did injury occur? Maugansville (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury In bed clothing Injured at work? No

23. SIGNATURE D. Robert Mills Deputy Med. Exam. Wash., Co., Md. M. D. or other

Address Hagerstown Md. Date signed 2/3/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

02384

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Washington
City or town near Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Bridge port.
Stay in hospital or inst. (yrs., or mos., or days) None
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town near Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Bridge Port.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mrs Mary E Plummer.

3. (b) Social Security Number no -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Plummett.
6(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) Aug 12 - 1884

8. AGE:

Years	Months	Days	If less than one day
55	6	10	hrs. min.

9. Birthplace Winston-Salem Forsyth Co N.C.
(Town, county, and atate)
10. Usual occupation Housewife
11. Industry or business —.

FATHER
12. Name No Record
13. Birthplace No Record

MOTHER
14. Maiden name No Record
15. Birthplace No Record.

16. Informant John M. Cramer.
Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 24, 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. Feb. 23. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 22 1940, at 4.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20, 1940, to Feb 22 1940, and that I last saw her alive on Feb 21, 1940.

Immediate cause of death	DURATION
Bronchio-Pneumonia	5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B B Kreider M. D. or other
Address 148 W. Wash St Hagerstown Md. Date signed 2/22/40

Dr. Kreider

RECEIVED
MAR 6 1940
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

02385

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
108 North Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 108 North Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Calvin L. Reed

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie L. Reed
6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) April 8 1862

8. AGE:

Years	Months	Days	If less than one day
77	10	14	hrs. min.

9. Birthplace Funkstown, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Police desk clerk
11. Industry or business Hagerstown Police Dept.
FATHER 12. Name Joseph O. Reed
13. Birthplace Funkstown, Wash Co. Md.
MOTHER 14. Maiden name Mary E. Dusang.
15. Birthplace Funkstown, Wash Co. Md.
16. Informant Donald C Reed
Address Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 24 1940 (month) (day) (year)
Cemetery or crematory Rest Haven
Location Hagerstown Md.
18. Funeral director Scott F. Minnich & Son
Address Hagerstown Md.
19. Feb 23, 1940 (Date rec'd by regiatrar) Chas H Bowers Regiatrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1940, at 2:55A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from E-W- 1940 to 2-22- 1940 and that I last saw him alive on 2-22- 40 19

Immediate cause of death	DURATION
Chr. Myocarditis	8 yrs
Due to	
Due to Chr. Bronchitis	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown Md Date signed 2/27/40

Ditto

RECEIVED
MAR 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 309

02386

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington

City or town Kemps Mill Md Near Williamsport
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport Md RFD#2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Williamsport Md RFD #2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nora Virginia Rice

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 14 1905

8. AGE: Years	Months	Days	If less than one day
35	1	12	____ hrs. ____ min.

9. Birthplace Jefferson County W. Va
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harry L Rice
13. Birthplace Shepherdstown W. Va

MOTHER
14. Maiden name Ida Barrett
15. Birthplace Shepherdstown W. Va

16. Informant Ida Rice (Mother)
Address Williamsport Md RFD #2

17. Burial Date thereof Feb 28 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Elmwood Cemetery

Location Shepherstown W. Va

18. Funeral director Edith V Leaf
Address Williamsport Md

19. Feb 27 1940 Mrs E Lee McElroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26/40 19__, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/10/40 19__, to 2/26/40 19__, and that I last saw her alive on 2/26/40 19__.

	DURATION
Immediate cause of death Gastric Hemorrhage from Rupture of Esophageal Varices	2/26/40
Due to Atrophic (Hausts) Cirrhosis of Liver	2/26/35
Due to Syphilis	2/26/30
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Same As Listed Above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Ralph F. Young M. D. or other

Address Williamsport, Md. Date signed 2/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

02387

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington.
City or town Hagerstown. (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pangborn Corporation.
Stay in hospital or inst. (yrs., or mos., or days) None -
Stay in this community (yrs., or mos., or days) 1yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington-
City or town Hagerstown. (WITHIN CORPORATE LIMITS) Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 947 No Mulberry St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no -

3. (a) FULL NAME Michael N. Remlinger.

3. (b) Social Security Number 168-01-1747

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Mary.
6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Aug 19 - 1892

8. AGE: Years	Months	Days	If less than one day
47	6	10	hrs. min.

9. Birthplace Pittsburg Alleganey Co Pa. (Town, county, and state)
10. Usual occupation Draftsman.
11. Industry or business Pangborn Corp.
FATHER 12. Name Nicholas Remlinger.
13. Birthplace Alsace-Lorraine France.
MOTHER 14. Maiden name Elizabeth Beuckler.
15. Birthplace Alsace-Lorraine France.
16. Informant Edwin C. Koontz
Address 1719 Brownsville Rd. Pittsburg. Pa.
17. Removal - (Burial, cremation, or removal. Which?) Date thereof March. 1-1940 (month) (day) (year)
Cemetery or crematory St George Cemetery
Location Pittsburg Pa.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.-
19. Feb. 29. 1940 (Date rec'd by registrar) Chas A Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 29 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXXXX 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death	DURATION
Coronary Thrombosis	2/29/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 8 months of death)
Major findings:
Of operations No
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D.
Address Hagerstown, Md. Date signed 2/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (152)

02388

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~Wash. County Home~~
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Edgar Rogers

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1876

8. AGE: Years 63 Months 10 Days 6 If less than one day hrs. min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Rogers
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Elizabeth Pryor
15. Birthplace Hagerstown, Md.

16. Informant Mrs. Virginia Knode
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 17, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Feb 17. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1940 - 19 10:00A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 19 , to 2-15-40 19 ,
and that I last saw h alive on 19 .

Immediate cause of death — DURATION

Streptococcus Abscess

Due to Face — 2-10-40

Due to

Other conditions Congestive Heart Failure — 1937
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Earl Young M.D. M. D. or other
Address Hagerstown Date signed 2/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02389

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington Co

City or town Hagerstown Md. Hospital

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Day

Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 323 S. Cannon Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Vada Rogerson

3. (b) Social Security Number

4. Sex: F.

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Frank Rogerson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): About Year of 1875 (Not Sure)

8. AGE: Years 65 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Thurmont Md (Town, county, and state)

10. Usual occupation: Housekeeping

11. Industry or business

FATHER

12. Name: George Domer.

13. Birthplace: Thurmont Md

MOTHER

14. Maiden name: Margaret Eicholtz "

15. Birthplace: Thurmont Md

16. Informant: Mrs. Eliza Dutrow

Address: Thurmont Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 7-40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Thurmont Md

18. Funeral director: M. L. Creager & Son

Address: Thurmont Md.

19. Feb. 5, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1940, at 1:53 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19__, to ____ 19__, and that I last saw her alive on ____ 19__.

Immediate cause of death: Rupture of ant. cerebral artery (aneurysm) (cerebral hemorrhage)

DURATION: 2/2/40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations: NO

Of autopsy: as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. Robert Mells Deputy Med. Exam. Wash. Co., Md. M. D. or other

Address: Hagerstown Md Date signed 2/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02390

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Washington County Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at Hagerstown

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): ~~None~~ Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No.: 4
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 144 N. Potomac St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Preston Smith

3. (b) Social Security Number: 705-10-8644

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Genevieve Grose

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August 15, 1905

8. AGE: Years: 34 | Months: 5 | Days: 24 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Hagerstown, Washington, Md.
(Town, county, and state)

10. Usual occupation: Filling Station Manager

11. Industry or business:

FATHER
12. Name: Charles E. Smith
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Alice Hollingsworth
15. Birthplace: Waynesboro, Pa.

16. Informant: Mr. Charles E. Smith
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 10, 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Feb. 10, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 5, 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	DURATION
Gun shot wound brain and skull	2/5/40
Due to #32 revolver	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: NO

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: Feb. 5 '40

Where did injury occur? Hancock (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Ft. Frederick Rd

Means of injury: #32 revolver Injured at work? No

23. SIGNATURE: R. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other

Address: Hagerstown, Md. Date signed: 2/9/40

FEB 15 1940
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02391

Reg. Dist. No. 300

1. PLACE OF DEATH:
County Washington County
City or town Sharpsburg Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 64

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Sharpsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Sharpsburg Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah E Wilson Smith

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife M Victor Smith
6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 11 1876

8. AGE: Years 64 | Months 9 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Sharpsburg Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name J. C Wilson
13. Birthplace Sharpsburg Md

MOTHER
14. Maiden name Mary V Cronise
15. Birthplace Sharpsburg Md

16. Informant Mrs. Alice Zimmerman
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 2 1940 (month) (day) (year)
Cemetery or crematory Mountain View Cemetery
Location Sharpsburg Maryland

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. 3-1 1940 (Date rec'd by registrar) E G Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1935, to Feb. 28 1940, and that I last saw h ER alive on Feb. 28 1940.

Immediate cause of death: Embolism, Central — DURATION: 2 da

Due to Chronic C.V.R. disease — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. B. Draper, M.D. M. D. or other
Address Boonsboro, Md Date signed 3-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02392

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Paramount
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Paramount Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Civil War

3. (a) FULL NAME Jacob A Snively

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Nancy Snively
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1841

8. AGE:

Years	Months	Days	If less than one day
99	1	6	hrs. min.

9. Birthplace Near Greencastle Pa
(Town, county, and state)
10. Usual occupation Retired farmer
11. Industry or business

FATHER
12. Name Andrew Snively
13. Birthplace Near Greencastle Pa

MOTHER
14. Maiden name Mary Garling
15. Birthplace Near Greencastle

16. Informant Samuel E Snively
Address Paramount Md.

17. Burial Date thereof Feb 15 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md.

18. Funeral director Scott F Minnick & Son
Address Hagerstown Md

19. Feb 13 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 1.1. A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 13. 1940 to Feb. 13. 1940 and that I last saw him alive on February 13. 1940

Immediate cause of death	OURATION
Chronic myocarditis	2
Due to	
Due to	
Other conditions Arteriosclerosis	2

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. A. Bell M. D. or other
Address Hagerstown Md Date signed 2/14/40

Dr Bell

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02393

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Washington
City or town Keedysville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St.
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Keedysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Mayberry Sparrow

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nora B. Sparrow
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 13. 1871

8. AGE:

Years	Months	Days	If less than one day
68	10	3	hrs. min.

9. Birthplace West Fairview Pa.
(Town, county, and state)
10. Usual occupation Minister of the Gospel
11. Industry or business United Brethren Church
FATHER 12. Name Francis Sparrow
13. Birthplace Sharpsburg Wash. Co. Md.
MOTHER 14. Maiden name Edwetta Glessner
15. Birthplace Lancaster Pa.
16. Informant Mrs. Nora B. Sparrow
Address Keedysville Md.
17. Burial Date thereof Feb. 20. 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Shiffensburg Cemetary
Location Shiffensburg Penna
16. Funeral director Wm. F. Bast & Son
Address Boonsboro Md.
19 Feb 20 19 40 to R A Greeting.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 1937 to Feb. 16 1940, and that I last saw h- alive on alive Feb. 15 1940

Immediate cause of death	DURATION
Cerbral Haemorrhage	
Due to Essential Hypertension	1932
Due to Arteriosclerosis	1932
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE G. W. LeVan M.D.
M. D. or other
Address Boonsboro, Md Date signed 2/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02394

Reg. Dist. No. 3012

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

D. of D. Ho.

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 229 E Franklin a.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 10yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 229 E Franklin St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs Maggie Anthony Spielman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married.

6 (b) Name of husband or wife Jacob A.

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Aug 3 - 1864

8. AGE: Years	Months	Days	If less than one day
75	6	3	____ hrs. ____ min.

9. Birthplace Hagerstown Wash. Co Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name David Anthony

FATHER 13. Birthplace Hanover Pa.

MOTHER 14. Maiden name Anne Boward

MOTHER 15. Birthplace Hagerstown Md.

16. Informant Jacob A. Spielman

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feby 8-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Feb. 8. 19 40 (Date rec'd by registrar) Chas A Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 6 1940, at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~Sept 1~~ 1939 to Feb 6 1940, and that I last saw ~~him~~ alive on ~~Feb 4 - 40~~ 1940

Immediate cause of death	DURATION
Carcinoma Breast	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Duffy M. D. or other

Address Hagerstown Md Date signed 2/6/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02395

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Near Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Near Boonsboro

Stay in hospital or inst. (yrs., or mos., or days) At Home

Stay in this community (yrs., or mos., or days) 6 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Boonsboro
(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Ezra Daniel Summers

3. (b) Social Security Number - None -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gertie Summers

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May - 5 - 1876

8. AGE:

Years	Months	Days	If less than one day
63	8	28	____ hrs. ____ min.

9. Birthplace Boonsboro Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Merchant (Retired)

11. Industry or business General Store

FATHER
12. Name Simon P. Summers
13. Birthplace Boonsboro Wash. Co. Md.

MOTHER
14. Maiden name Emma Tittle
15. Birthplace Boonsboro Wash. Co Md.

16. Informant Mrs. Gertie Summers
Address Boonsboro Md.

17. Burial Date thereof February - 6 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boonsboro Cemetary

Location Boonsboro Md.

18. Funeral director W. H. D. Bast & Son

Address Boonsboro Md.

19. Febry. 6 1940 William J. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February - 3 - 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1937, to Feb. 3 1940, and that I last saw him alive on Jan. 27 1940

Immediate cause of death	DURATION
Coronary Thrombosis.	
Due to Essential hypertension	5 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. Lellon M. D.
M. D. or other

Address Boonsboro, Date signed 2/6/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

02396

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 643 Pennsylvania Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 643 Pennsylvania Ave,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Female Child of Edward E. Trumpower

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby. 21, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Hagerstown-Wash. Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Edward E. Trumpower

13. Birthplace Hagerstown, Md.

MOTHER 14. Maiden name Loreda Stevenson

15. Birthplace Lonaconing, Md.

16. Informant Edward E. Trumpower

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby. 21, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Feb. 21 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 21, 1940- 5:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 21 1940, to Feb. 21 1940

and that I last saw h alive on 19

Immediate cause of death	DURATION
Stillbirth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Nugent M.D.

Address Hagerstown Md M. D. or other

Date signed 2/21/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-e

02397

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wash.

City or town Hagerstown Route 2 Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn child of Carl Shupp

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1940

8. AGE: Years — Months — Days — If less than one day ___ hrs. few ? min.

9. Birthplace Hagerstown, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Carl Shupp

13. Birthplace Clearspring, Md.

MOTHER

14. Maiden name Margaret McCauley

15. Birthplace Williamsport, Md.

16. Informant Carl Shupp

Address Hagerstown Route 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 29 40 (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location

18. Funeral director Andrew K. Coffman

Address Hagerstown, Md.

19. Feb. 29, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

Dr. Young

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-28-40 19 , to 2-28-40 19 ,

and that I last saw h alive on 19

Immediate cause of death Gastroenteritis paralysis — DURATION 4 hrs

Due to Birth Injury

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. E. Coffman MD M. D. or other

Address Date signed

CEIVED
MAR 8 1940
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

02398

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 633 S. Potomac Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 633 S. Potomac Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Benjamin Lee Shupp

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Savilla H. Shupp
B(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) April 22, 1869

8. AGE: Years	Months	Days	If less than one day
70	9	20	hrs. min.

9. Birthplace Washington County, Md.
(Town, county, and state)
10. Usual occupation Machinest (Retired)
11. Industry or business Western Md. R. R. Co.
FATHER 12. Name Abraham Shupp
13. Birthplace Washington County, Md.
MOTHER 14. Maiden name Anna Smith
15. Birthplace Washington County, Md.
16. Informant Mrs. Savilla H. Shupp
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby. 13, 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.
19. Feb 12, 1940 (Date rec'd by registrar) Chas H Boewer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1940, at 2A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5 1940 to Feb 11 1940
and that I last saw him alive on Feb 10 1940

Immediate cause of death	DURATION
Chronic Myocarditis	6 mo
Due to Chronic Hypertension	5 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. F. Luther M. D.
Address Hagerstown, Md Date signed Feb. 12. 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 6 1940
BUREAU V. S.

02481

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

CERTIFICATE OF DEATH

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Found in Sewer at Disposal Plant
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Unknown Infant

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known Found Feb. 12 1940

8. AGE: Years — Months — Days — If less than one day hrs. — min.

9. Birthplace Hagerstown, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden name Unknown
15. Birthplace

16. Informant Harry E. Rhodes Supt
Address Hagerstown, Md

17. Burial Date thereof Feb. 12 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Disposal Plant Cemetery
Location Hagerstown, Md

18. Funeral director Harry E. Rhodes
Address Hagerstown, Md

19. Apr 27 1940 Chas H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Unknown Found Feb 12 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Premature Birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas H. Bowers Co. Reg
M. D. or other
Address Hagerstown, Md Date signed 4/27/1940

RECEIVED
MAY 6 1940
BUREAU V. S. I

02399

STATE OF MARYLAND
CERTIFICATE OF DEATH

(8)

Registration Dist. No. 207

1 PLACE OF DEATH

County Washington

Village or City Samples Manor (No. ..... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Weaver

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Neab

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH: Feb (Month) 23 (Day), 1940 (Year)

7 AGE: Stell Birth ..... yrs. ..... mos. ..... ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Stanley E. Weaver

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Elizabeth Oleman

13 BIRTHPLACE OF MOTHER (State or Country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Stanley E. Weaver

(Address) Harpers Ferry

15 Filed Feb 23 1940 Cornelius H. Castle Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. (Month) 23 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 1940 to Feb, 1940 that I last saw h ..... alive on ....., 192...., and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH * was as follows:

Stell Birth
Born on arrival

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory Secondary .....

X ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Levin West M. D.

Mar 1 1940 (Address) Brunswick Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Sample Manor

DATE OF BURIAL: Feb. 24, 1940

20 UNDERTAKER: L. Eccles

ADDRESS: Harpers Ferry

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02400

CERTIFICATE OF DEATH

Reg. Dist. No. 304.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County WASHINGTON
City or town HANCOCK (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: RFD # 2
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State MARYLAND County WASH.
City or town HANCOCK. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RFD # 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME ALFRED BARNEY WELLER.

3. (b) Social Security Number NONE.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife ANNE E WELLER. DECEASED 1922. 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) SEPT 16 1860

8. AGE: Years 79 | Months 5 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace WASH Co MD. (Town, county, and state)

10. Usual occupation FARMER.

11. Industry or business GENERAL.

FATHER 12. Name REV. JACOB. WELLER

13. Birthplace WASH Co MD.

MOTHER 14. Maiden name MARIA SOUDERS.

15. Birthplace WASH Co MD.

16. Informant RAY M WELLER

Address WAYNESBORO PA.

17. BURIAL. Date thereof 2-27-40 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory LITTLE COVE BRETHERN CEM

Location SYLVAN ROAD 4M NORTH R 40

18. Funeral director T. P. JENKINS.

Address HANCOCK MD

19. 2-24 1940 J P Jenkins (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 24 1940, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 1940 to Feb 24 1940 and that I last saw h~~im~~ alive on Feb 24 1940.

	DURATION
Immediate cause of death Pulmonary congestion	
Due to Weakness of muscle	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J M Shaffer M. D. or other

Address Hancock Date signed 2/24/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

02401

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Cascade Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Washington

City or town Cascade Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Ellsworth Wolford

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary alice young

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 18 1860

8. AGE: Years 79 | Months 3 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace: Hanover Pa (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER

12. Name: William Wolford

13. Birthplace: Hanover Pa

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Charles Wolford

Address: Cascade Md

17. Harbaugh (Burial, cremation, or removal. Which?) Date thereof 2/5 1940 (month) (day) (year)

Cemetery or crematory: Harbaugh Cemetery

Location: Waynesboro Pa #4

18. Funeral director: Walter y Grove

Address: Waynesboro Pa

19. Feb 5 1940 (Date rec'd by registrar) Geo W. Feyman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 am 2/2 1940, to 10 A.M. 1940 and that I last saw him alive on 2-2 1940.

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. C. Bridge M.D. or other

Address Blue Ridge Summit Pa Date signed 2/3/40

RECEIVED
MAR 8 1950
BUREAU V. S.